County: Milwaukee Facility ID: 5650 Page 1

MILWAUKEE CATHOLIC HOME 2300 NORTH PROSPECT AVENUE

Number of Residents on 12/31/00:

MI LWAUKEE 53211 Ownershi p: Nonprofit Church-Related Phone: (414) 220-4610 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 122 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 122 Average Daily Census: 120

122

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%					
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	45. 9	
Supp. Home Care-Personal Care	No					1 - 4 Years	54. 1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4. 1	More Than 4 Years	0.0	
Day Services	No	Mental Illness (Org./Psy)	36. 9	65 - 74 4.9				
Respite Care	No	Mental Illness (Other)	0.8	75 - 84	32. 0		100. 0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48. 4	****************	******	
Adult Day Health Care Yes Para-, Quadra-, Hemip		Para-, Quadra-, Hemiplegic	0.8	95 & 0ver	10. 7	Full-Time Equivalen	t	
Congregate Meals	ongregate Meals No Cancer		2. 5			Nursing Staff per 100 Residents		
Home Delivered Meals	ed Meals No Fractures		14.8		100.0	(12/31/00)		
Other Meals	Yes	Cardi ovascul ar	13. 1	65 & 0ver	95. 9			
Transportation	No	Cerebrovascul ar	8. 2			RNs	17. 7	
Referral Service	No	Diabetes	4. 1	Sex	%	LPNs	9. 9	
Other Services	No	Respi ratory	5. 7			Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	13. 1	Male	22. 1	Aides & Orderlies	39. 7	
Mentally Ill	No			Female	77. 9			
Provide Day Programming for			100.0					
Developmentally Disabled	No		***		100. 0		*************	

Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Title 18) ((Title 19)			Other Private			Pri vate	ate Pay M			ed Care	Percent		
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No). %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	3	7. 0	\$132. 79	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	3	2. 5%
Skilled Care	7	100. 0	\$284.81	32	74. 4	\$113.52	0	0.0	\$0.00	71	100. 0	\$185.00	1	100. 0	\$363.00	111	91. 0%
Intermediate				8	18. 6	\$94. 25	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	8	6.6%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	7	100. 0		43 1	100. 0		0	0. 0		71	100.0		1	100. 0		122	100.0%

MI LWAUKEE CATHOLIC HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	i ons, Servi ces, a	nd Activities as of 12/	′31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	7. 1	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 2	Bathi ng	1. 6		78. 7	19. 7	122
Other Nursing Homes	6. 5	Dressi ng	8. 2		75. 4	16. 4	122
Acute Care Hospitals	78.8	Transferri ng	24. 6		63. 9	11.5	122
Psych. HospMR/DD Facilities	0.0	Toilet Use	16. 4		64. 8	18. 9	122
Rehabilitation Hospitals	1.6	Eati ng	43. 4		46. 7	9. 8	122
Other Locations	3.8	***************	******	******	***********	********	*******
Total Number of Admissions	184	Continence		%	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.6	Receiving Resp	piratory Care	4. 1
Private Home/No Home Health	22. 2	0cc/Freq. Incontine	nt of Bladder	63. 9	Receiving Tra	cheostomy Care	0. 0
Private Home/With Home Health	6. 7	0cc/Freq. Incontine	nt of Bowel	44. 3	Receiving Suct	ti oni ng	0.8
Other Nursing Homes	1. 1				Receiving Osto	omy Care	0. 8
Acute Care Hospitals	28. 9	Mobility			Recei vi ng Tube	e Feeding	5. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	11.5	Receiving Mecl	hanically Altered Diets	50.8
Rehabilitation Hospitals	0.0						
Other Locations	9.4	Skin Care			Other Resident	Characteri sti cs	
Deaths	31.7	With Pressure Sores		4. 9	Have Advance	Di recti ves	94. 3
Total Number of Discharges		With Rashes		0.8	Medi cati ons		
(Including Deaths)	180				Receiving Psyc	choactive Drugs	52. 5
**********	*****	*******	*******	******	******	*******	*******

	Ownershi p:		Bed	Size:	Li c	ensure:			
	Thi s	Non	profit	100-	199	Ski l	lled	Al l	
	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 4	91. 5	1. 07	83. 3	1. 18	81.9	1. 20	84. 5	1. 16
Current Residents from In-County	93. 4	87. 4	1. 07	85. 0	1. 10	85. 6	1.09	77. 5	1. 21
Admissions from In-County, Still Residing	28. 3	27. 5	1. 03	19. 2	1. 47	23. 4	1. 21	21.5	1. 31
Admissions/Average Daily Census	153. 3	115. 2	1. 33	196. 7	0. 78	138. 2	1. 11	124. 3	1. 23
Discharges/Average Daily Census	150. 0	118. 5	1. 27	194. 3	0. 77	139. 8	1. 07	126. 1	1. 19
Discharges To Private Residence/Average Daily Census	43. 3	35. 5	1. 22	76. 2	0. 57	48. 1	0. 90	49. 9	0.87
Residents Receiving Skilled Care	93. 4	89. 5	1. 04	91. 2	1.03	89. 7	1.04	83. 3	1. 12
Residents Aged 65 and Older	95. 9	96. 9	0. 99	93. 9	1.02	92. 1	1.04	87. 7	1.09
Title 19 (Medicaid) Funded Residents	35. 2	57. 6	0. 61	60. 4	0. 58	65. 5	0. 54	69. 0	0. 51
Private Pay Funded Residents	58. 2	35. 4	1.64	26. 5	2. 19	24. 5	2.38	22.6	2. 58
Developmentally Disabled Residents	0. 0	0. 4	0.00	0.6	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	37. 7	30. 8	1. 22	26. 6	1.42	31. 5	1. 20	33. 3	1. 13
General Medical Service Residents	13. 1	24. 9	0. 53	22. 9	0. 57	21.6	0. 61	18. 4	0.71
Impaired ADL (Mean)	48. 4	50 . 5	0. 96	48. 7	0. 99	50. 5	0. 96	49. 4	0. 98
Psychological Problems	52. 5	45. 5	1. 15	50. 4	1.04	49. 2	1. 07	50. 1	1.05
Nursing Care Required (Mean)	8. 5	6. 6	1. 29	7. 3	1. 17	7. 0	1. 21	7. 2	1. 19